

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg E-141, Reno, NV 89502, (775)688-1268 FAX (775)688-1272
nbop@govmail.state.nv.us

INSTRUCTIONS TO APPLICANT: Please complete the following and submit directly to the supervisor for return to the Offices of the Board.

<hr/> Supervisor's Name	<hr/> Applicant's Name
<hr/> Street Address	<hr/> Street Address
<hr/> City, State, ZIP	<hr/> City, State, ZIP

I authorize the exchange of any and all information pertaining to this document between the named supervisor and the Board. I further understand that this document may be released to me by the Board, but not to the general public.

<hr/> Applicant	<hr/> Date
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INSTRUCTIONS TO SUPERVISOR: The above applicant has applied for licensure as a Psychological Assistant in the State of Nevada and has identified you as a supervisor of his/her professional experience as a psychologist. Your accurate and timely provision of this information directly to the above address will greatly facilitate the application process.

VERIFICATION OF SUPERVISED EXPERIENCE

(Please print or type - Use additional sheet(s) if necessary)

1. List place(s) where the applicant engaged in professional experience under your supervision. If the place of actual supervision is different from the above address, please so indicate and clarify.		
2. List Titles, Degrees, Licenses or Certificates you held during the supervision of the applicant.		
Title	Degree, Field, Date & University	State License or Certificate Number Type of License & Date Received
3. What title did applicant hold during period of supervision?		
4. How was applicant compensated or paid during the period of your supervision?		
5. Explain applicant's exact employment status and your responsibility and authority over applicant.		
6. How were you compensated or paid for supervision of applicant?		
7. Give dates and brief description of applicant's training program under your supervision.		
Training program ran from: _____ to: _____		

8. Describe below the psychological duties which applicant performed under your supervision.						
9. Hours worked <u>including</u> supervision:						
From: MM/DD/YY	Through: MM/DD/YY	Hours Per Week	Number of Weeks		Total Hours for Period	
Totals						
10. Detailed breakdown of supervision:						
From MM/DD/YR	Through MM/DD/YY	Number of Weeks	Hours per Week			Total Hours per Week
			One on One	Group	Other	
Totals						
11. In your opinion, did this applicant at any time or in any way show evidence of behavior, judgement or performance problems, or other characteristics which would give rise to any question or doubt of his/her suitability for licensure as a psychologist?					Yes	No

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